

Morgagni's theory, which seeks to account for these cephaloceles as being due to increased intracranial tension, especially in the form of hydrocephalus, seems every now and again to take on a fresh wave of popularity with the profession. In this case there was no evidence of such causation.

Examination of the specimen shows that it was of the nature of an accessory brain formation, lying outside, and distinct from, the intracranial cerebral tissue. Ballantyne¹ observes that

we must not think of intracranial parts being pushed out at cranial apertures and so becoming extracranial; we must imagine parts of the anlage of the brain (that is, the cerebral vesicles and the undifferentiated membranes) lying originally outside what is to be the cranium and developing in their ectopic position: if it be asked what is the cause of the accessory part, we have no satisfactory answer, but the idea of a purely germinal (pre-embryonic) factor suggests itself.

A further interesting feature to be noted is the deficiency of brain tissue (anencephaly) in the two previous fetuses, and in the present case Nature seems to have gone to the other extreme in providing cerebral tissue much in excess of the normal.

REFERENCE.

- ¹ Ballantyne, *Antenatal Pathology and Hygiene*, vol. ii, 1904, p. 359.

TURPENTINE ENEMATA IN THE TREATMENT OF ENTERIC FEVER.

By W. J. J. ARNOLD, M.B., B.Ch. R.U.I.,
CIVIL SURGEON, ST. HELENA.

It is probably not incorrect to say that none of the various methods of treatment have hitherto been successful in definitely controlling the course or limiting the duration of enteric fever.

The supreme importance of early recognition of the disease, the value of skilled nursing, regulation of diet, and attention to oral hygiene, must be accepted as first principles. In the further treatment, a measure employed at the Civil Hospital, St. Helena, during the past four or five years has resulted in a distinct shortening of the average duration of illness, and in a remarkable amelioration of all the symptoms. This particular measure consists in the administration, by the bowel, of turpentine and olive oil from the first day of treatment, and its regular use at

The dose may be repeated more than once if necessary, alternating with the enemata. The average intestinal tract contains an enormous amount of toxic matter, and after this has been got rid of it should not be permitted to reaccumulate. The turpentine and olive oil effectually prevent any accumulation. Under the influence of turpentine abdominal fullness is perceptibly reduced, and very soon the abdomen presents a hollow surface, especially in the region of the iliac fossae and hepatic and splenic flexures. It should be our aim to maintain this condition. With such physical signs we may be sure that bacillary activity and toxin manufacture is at its minimum, and this opinion is confirmed by the entire absence of unfavourable symptoms. Headache is never complained of after the second day; the tongue cleans early and remains moist, and patients, as a rule, express themselves as feeling quite well, their most serious trouble being an early desire for "something to eat."

It is very rare to meet with diarrhoea in the type of enteric occurring here. In an epidemic amongst troops stationed in St. Helena in 1902 constipation was the rule. At that time a simple enema of soap and water was given every other day; quinine, gr. ij, in solution was given by the mouth every three hours. Delirium was frequently present, and in over a hundred cases the mortality was about 10 per cent. I was then doing duty as a civil surgeon at the military hospital. Since I have used turpentine in the way described I have never once seen delirium in enteric fever, though formerly it was rather the rule than the exception amongst the island inhabitants. I have for many years invariably given quinine gr. ij or gr. iij, dissolved in hydrochloric acid, by the mouth, and believe firmly in its value both as a heart tonic and a bactericide. Amongst the last 30 cases treated as I have outlined there was one death.

The patient was a boy aged 17, one of four cases which came from the same house. He had a sharp haemorrhage the day before his admission to hospital, when I first saw him, and had been on ordinary diet up till that time. His abdomen was much distended, and though he improved markedly in the interval, he died some days after from perforation.

I regret that calomel—though in small doses—was given in this case, and I would not advocate its use when the disease is thought to have gone beyond the first week.

The two charts are (1) of a brother and (2) a sister of this boy. The girl stated that she had only felt ill for two days before admission. She was very drowsy, and had severe headache, but next day this had disappeared. This chart (2) shows clearly the beneficial influence of turpen-

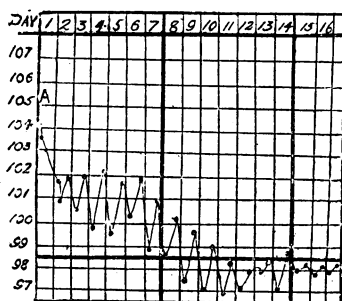


Chart 1.—G. T., aged 20. Ill some days before admission. A, On admission.

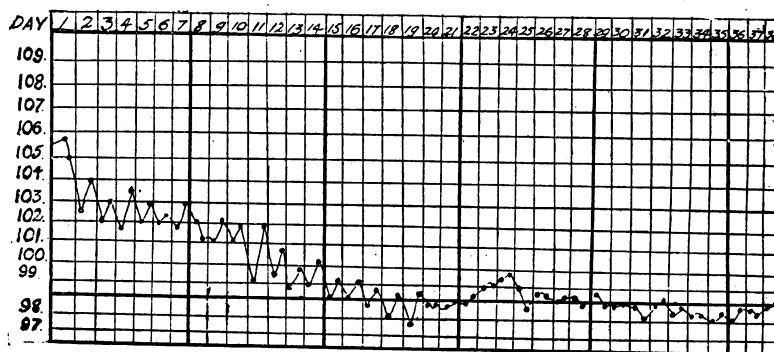


Chart 2.—S. T., aged 22. Ill two days before admission.

stated intervals until the temperature has been normal for at least ten days. When the case first comes under observation, an enema of turpentine 3j and olive oil 0j is given by a funnel and tube; and, the foot of the bed being well raised, the emulsion is allowed to find its way slowly up the bowel. On the next day, or the day after, the same quantities are repeated. In most instances the amount of turpentine may then be reduced to 3ss with olive oil 3xv; this is administered on alternate days throughout the whole course of the disease, and continued until convalescence is fairly established.

A preliminary thorough cleansing of the bowel by a dose, or preferably small divided doses, of calomel, followed by castor oil, prepares the ground for the action of turpentine.

time in the course of the disease. The case promised from the initial condition to be a severe one; yet, though no sponging or antipyretics were used, the temperature came steadily down. Quinine was given in all cases, but in small doses is not an antipyretic.

The longest duration of fever was seventeen days; many cases touched normal in a week from the commencement of treatment, with no subsequent rise, and the average was about twelve days. There were no relapses, and alcohol was not indicated in any instance.

Vaccines may some day supersede other treatment. Until then, I recommend a well-known drug, used on a new plan, the adoption of which enables one to treat the disease with a confidence other methods fail to impart.